

**FOREIGN
LIMITED LIABILITY COMPANY**

STATE OF MAINE

**NOTICE OF RESIGNATION
OF REGISTERED AGENT**

(Name of Limited Liability Company)

☐ Names of additional limited liability companies are attached hereto as Exhibit ___, and made a part hereof.

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to [31 MRSA §714.4](#), the undersigned has resigned as the registered agent of the limited liability company(ies) named herein and gives notice of the following:

FIRST:

The name of its successor registered agent, an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine, and the address of the new registered office shall be (if none, so indicate)

(name)

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

A statement approving the change to the successor registered agent, executed by each affected limited liability company and signed by a manager or, if none, by a member, is attached.

SECOND:

When the registered agent does not appoint a successor, an affidavit must be attached, signed by the registered agent and setting forth the following information:

The date on which the notice of resignation was sent by certified or registered mail to the registered or principal office of each limited liability company, wherever located, from which the registered agent is resigning as registered agent.

This resignation becomes effective upon filing this certificate with the Secretary of State.

Resigning Registered Agent*

DATED _____

(signature)

(type or print name)

For a Resigning Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature)

(type or print name and capacity)

The following shall be completed by the **successor** registered agent **unless** this document is accompanied by form [MLLC-18 \(31 MRSA §714.2-A\)](#).

The undersigned hereby accepts the appointment as registered agent for the above named limited liability company(ies).

Registered Agent

DATED _____

(signature)

(type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature)

(type or print name and capacity)

*Certificate **MUST** be signed by the registered agent.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**